

EXAMPLE: COVER LETTER FOR AN ACCESS PLAN

JUNE 1, 2006

TO: OFFICE OF THE INSURANCE COMMISSIONER  
RATES AND FORMS DIVISION  
PO BOX 40255  
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER  
0000 ANY STREET  
ANY TOWN, ANY STATE 00000  
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER  
**(If this is not the person preparing the filing please include that person's name also).**  
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC-AP-2006  
Product Name: ABC Access Plan  
Proposed Effective Date: August 1, 2006

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-210, enclosed please find the Traditional Provider Access Plan for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- Access Plan

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,  
Washington Carrier

# HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID ABCHE*12345		2. Company Name ABC Health Plans		For OIC Use Only	
3. Date Submitted June 1, 2006		4. Proposed Effective Date August 1, 2006		[      ] File ID	[      ] Analyst
5. Contact Angela Barnes		6. Title Contract Manager		Approved	Date
7. Phone (000)000-0000		8. Fax # (000)000-0000		Reviewed	Initials
9. E-Mail abarnes@abchealthplans.com		10. Purpose of Filing Filing of 2006 Traditional Provider Access Plan		Withdrawn	
				Disapproved	
				Acknowledged	
				State Tracking #	

**Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box**

Line of Insurance	A Contract # Effective Date	B Prior Contract # Effective Date	C Product Name
<b>STANDARD MASTER CONTRACT</b>			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input checked="" type="checkbox"/> Network Reports			
<input checked="" type="checkbox"/> Access Plan	ABC-AP-2006 August 1, 2006	ABC-AP-2005 January 1, 2005	Traditional Provider ABC Access Plan
<input type="checkbox"/> Form B – Network Enrollment			
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
<b>PRIOR APPROVAL</b>		Agreement #/Effective Date	Prior Agreement #/Effective Date
17. <input type="checkbox"/> Provider Agreement			
<b>18. RATE</b>		Contract #/Effective Date	Prior Contract #/Effective Date
<input type="checkbox"/> Proprietary			Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
<b>19. NEGOTIATED CONTRACT</b>		<input type="checkbox"/> Employer	<input type="checkbox"/> Association
<input checked="" type="checkbox"/> Fully Negotiated	<input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Government	<input type="checkbox"/> Trust
		<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
		<input type="checkbox"/> Union	<input type="checkbox"/> Paperwork
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
<b>20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)</b>			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	

**Please note that rate filings and form filings must be submitted together for new plans**

EXAMPLE: COVER LETTER FOR A FORM B REPORT

MARCH 1, 2006

DELIVERED VIA E-MAIL

TO: OFFICE OF THE INSURANCE COMMISSIONER  
RATES AND FORMS DIVISION  
PO BOX 40255  
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER  
0000 ANY STREET  
ANY TOWN, ANY STATE 00000  
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER  
**(If this is not the person preparing the filing please include that person's name also).**  
CONTACT PHONE: (000) 000-0000

SUBJECT: 2006 Form B Report

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-220, enclosed please find the annual Form B Report for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- 2006 Form B Report

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,  
Washington Carrier

# HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID ABCHE*12345	2. Company Name ABC Health Plans	For OIC Use Only	
3. Date Submitted March 1, 2006	4. Proposed Effective Date March 31, 2006	[     ] File ID	[     ] Analyst
5. Contact Angela Barnes	6. Title Contract Manager	Approved	Date
7. Phone (000)000-0000	8. Fax # (000)000-0000	Reviewed	Initials
9. E-Mail abarnes@abchealthplans.com	10. Purpose of Filing Filing of 2006 Form B Report	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

**Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box**

Line of Insurance	A Contract # Effective Date	B Prior Contract # Effective Date	C Product Name
<b>STANDARD MASTER CONTRACT</b>			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input checked="" type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input checked="" type="checkbox"/> Form B – Network Enrollment	Form B March 31, 2006	Form B March 31, 2005	ABC Form B Report
<input type="checkbox"/> GeoGraphic Network Report			
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
<b>PRIOR APPROVAL</b>			
17. <input type="checkbox"/> Provider Agreement	Agreement #/Effective Date	Prior Agreement #/Effective Date	
18. RATE	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> Proprietary			
<input type="checkbox"/> For-Public			
19. NEGOTIATED CONTRACT	<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Government
<input checked="" type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork	<input type="checkbox"/> Paperwork
	<input type="checkbox"/> Trust	<input type="checkbox"/> Union	
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
<b>20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)</b>			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	

**Please note that rate filings and form filings must be submitted together for new plans**

# EXAMPLE: COVER LETTER FOR A GEOGRAPHIC NETWORK REPORT

MARCH 1, 2006

[DELIVERED VIA E-MAIL]

TO: OFFICE OF THE INSURANCE COMMISSIONER  
RATES AND FORMS DIVISION  
PO BOX 40255  
OLYMPIA, WA 98504-0255

FROM: WASHINGTON CARRIER  
0000 ANY STREET  
ANY TOWN, ANY STATE 00000  
CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER  
**(If this is not the person preparing the filing please include that person's name also).**  
CONTACT PHONE: (000) 000-0000

SUBJECT: Contract Number: ABC-GEONW-2006  
Product Name: ABC GeoNetwork Report  
Proposed Effective Date: March 31, 2006

Dear Insurance Policy/Analyst:

Pursuant to WAC 284-43-220, enclosed please find the annual Geographical Network Report for ABC Health Plans. The documents included in this filing are:

- INS-1120-R506 Transmittal Form
- Geographical Network Report

(The above section must be completed in full or the filing will be returned.)

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,  
Washington Carrier

# HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL

1. Company ID ABCHE*12345	2. Company Name ABC Health Plans	For OIC Use Only	
3. Date Submitted March 1, 2006	4. Proposed Effective Date March 31, 2006	[     ] File ID	[     ] Analyst
5. Contact Angela Barnes	6. Title Contract Manager	Approved	Date
7. Phone (000)000-0000	8. Fax # (000)000-0000	Reviewed	Initials
9. E-Mail abarnes@abchealthplans.com	10. Purpose of Filing Filing of 2006 Geographical Network Report	Withdrawn	
		Disapproved	
		Acknowledged	
		State Tracking #	

**Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box**

	A	B	C
Line of Insurance	Contract # Effective Date	Prior Contract # Effective Date	Product Name
<b>STANDARD MASTER CONTRACT</b>			
11. <input type="checkbox"/> Large Group Contract (51+)			
<input type="checkbox"/> Small Group Contract (2-50)			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
12. <input type="checkbox"/> Individual			
<input type="checkbox"/> Application			
<input type="checkbox"/> Endorsement/Rider			
13. <input type="checkbox"/> Conversion			
<input type="checkbox"/> Endorsement/Rider			
14. <input checked="" type="checkbox"/> Network Reports			
<input type="checkbox"/> Access Plan			
<input type="checkbox"/> Form B – Network Enrollment			
<input checked="" type="checkbox"/> GeoGraphic Network Report	ABC-GEONW-2006 March 31, 2006	ABC-GEONW-2005 March 31, 2005	ABC GeoNetwork Report
15. <input type="checkbox"/> Other			
16. <input type="checkbox"/> Small Group Limited Schedule of Benefits			
<input type="checkbox"/> Group Application			
<input type="checkbox"/> Member Application			
<input type="checkbox"/> Certificate of Coverage			
<input type="checkbox"/> Endorsement/Rider			
<input type="checkbox"/> Benefit Brochure			
<b>PRIOR APPROVAL</b>			
17. <input type="checkbox"/> Provider Agreement	Agreement #/Effective Date	Prior Agreement #/Effective Date	
<b>18. RATE</b>			
<input type="checkbox"/> Proprietary	Contract #/Effective Date	Prior Contract #/Effective Date	Negotiated Contract #/Effective Date
<input type="checkbox"/> For-Public			
<b>19. NEGOTIATED CONTRACT</b>			
<input type="checkbox"/> Fully Negotiated <input type="checkbox"/> Short-Form Filing	<input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Government <input type="checkbox"/> Trust <input type="checkbox"/> Union	<input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork <input type="checkbox"/> Paperwork	
Negotiated Contract Number:		Effective Date:	
Group Name:		Group Number:	
Standard Master Contract Number (short form filings only):		Effective Date:	
Forms Included in this Filing: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage <input type="checkbox"/> Group Application <input type="checkbox"/> Enrollee Application (Please list form numbers in Section 22 attached)			
<b>20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY. PLEASE COMPLETE FIELD 19 ABOVE.)</b>			
Negotiated Endorsement/Rider Form #:		Changes Apply to: <input type="checkbox"/> Contract <input type="checkbox"/> Certificate of Coverage	
<b>Please note that rate filings and form filings must be submitted together for new plans</b>			